

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 23 2006  
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12976</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Yvonne FOSTER</u> P.O. Box, Bldg., Room No., if any <u>Suite 1580</u> Street <u>75 VAN METER</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10013</u>	4. Name, file number, and address of labor organization. Name <u>DISTRICT COUNCIL 1707</u> Labor Organization File Number <u>061014</u> P.O. Box, Building and Room Number, if any Street <u>75 VAN METER ST</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10013-1917</u>
5. Position in labor organization. <u>VICE PRESIDENT EXECUTIVE BOARD</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>DISTRICT COUNCIL 1707, LOCAL 95</u> Trade Name, if any: <u>WELFARE FUND</u> P.O. Box, Bldg., Room No., if any Street <u>75 VAN METER STREET</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10013-1917</u>	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  <u>\$1183.00</u>

Signature

Yvonne E. Foster

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Yvonne E. Foster

On

8-15-08

Date

Telephone Number

Name of Person Filing

YVONNE FOSTER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

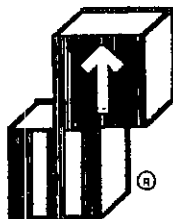
City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.



# DISTRICT COUNCIL 1707, LOCAL 95

AFSCME, AFL-CIO  
Head Start Employees

## WELFARE FUND

75 Varick Street, Suite 1500, New York, NY 10013



Phone: (212) 343-1660

*We Care We Count • HEAD START EMPLOYEES*

Fax: (212) 343-8803

### UNION TRUSTEES

Raglan George Jr.  
Betty Powell  
Carolyn Cox  
Luz Santiago

### FUND ADMINISTRATOR

Randy S. Paul

### EMPLOYER TRUSTEES

Cynthia Cummings  
Cynthia McCright  
Judy Edwards Green  
Louis Gross

August 3, 2005

To: Raglan George, Jr.  
Betty Powell

Michael Green  
Yvonne Foster ✓

From: Randy S Paul  
Fund Administrator

Re: 2004 LM 10/ LM 30 Reporting

Pursuant to the requirements of the Labor Management Reporting Act, attached is the breakdown of expenses which will be reported on the Fund's LM 10 report to the Department of Labor. Please review these expenses carefully and in an expeditious manner. ***You are required to file your corresponding LM 30 report by the August 15, 2005, deadline to be in compliance.***

If you have any questions please contact me immediately, the Fund intends on filing the required LM 10 by August 15, 2005.

2004 LM-10 Report District Council 1707, Local 95 Head Start Employees W. F.			
Yvonne Foster	\$75.00	IFEBP-Dues 2005	Oct-04
	\$938.90	L 95 Welfare Fund Trustee Mtg./ Retreat Oct 13-15, 2004	Oct-04
	\$169.10	L 95 Welfare Fund Holiday Party	Dec-04
Reportable	\$1,183.00		